

STATE OF CALIFORNIA, THE RESOURCES AGENCY DEPARTMENT OF FORESTRY AND FIRE PROTECTION (CAL FIRE)

SCREENER REQUEST FORM FIREFIGHTER PROPERTY (FFP) PROGRAM

New Screener - Complete Steps 1 & 2

- <u>Step 1</u> Complete "Screener Information" Section.
- Step 2 Have Authorizing Section signed by Fire Chief or other Official & CAL FIRE State FFP Coordinator.
- <u>Step 3</u> CAL FIRE State FFP Coordinator will email Screener Ids and Passwords to Screener upon process completion.

SCREENE	ER INFORMATION – ST	EP 1
Name (First and Last):		
Fire Cooperator Name:		
Street Address (No P.O. Box):		
Mailing Address (If different from above):		
City and State:		Zip Code:
Phone Number w/ Area Code:	Cell Phone Nur	mber w/ Area Code:
E-mail Address:		
CESS LEVEL REQUESTED (check DoD SEARCH/SELECT FEPMIS USER		
	izing Signatures – STE	P 2
Author		
BY (Fire Chief or Authorizing Signature):		DATE SIGNED:

Note: This section filled out by Sacramento FFP Program Office & USFS

FE	EPMIS Information				
	SCREENER ID:	TEMPORARY PAS	SSWORD:		
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Αľ	MPS/RTD Login Information				
	LOGON ID:	TEMPORARY PASSWORD:			
l					
Do	DDAAC Information				
	DoDAAC #:				
J					
	USDA Forest Service				
	BY (Forest Service Property Management Officer):		DATE SIGNED:		